



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

APPLICATION FOR PHARMACY REGISTRATION

Annual Fee \$100 per registration

*All applications **MUST** include a copy of pharmacy floor plans. Incomplete applications will be returned.*

Proposed Opening Date: _____

Pharmacy Name: _____

Address: _____ City: _____ Zip: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Contact person: _____ Phone: _____

Pharmacy Owner: _____

Type of Ownership: *Circle and attach listing of officers, partners, etc., with addresses and phone for each)*

Partnership

Sole Proprietorship

Corporation

Limited Liability

Type of Operation: *(Circle all that apply, \$100/registration)*

Parenteral Admixture

Hospital

Community

Limited Service

Have any of the applicants had: *(If answer is yes to any of the following attach documentation)*

Conviction relating to the distribution of drugs, including samples? _____ No _____ Yes

Felony convictions under federal, state or local laws? _____ No _____ Yes

Suspensions or revocation of licensure for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any license currently or previously held by applicants? _____ No _____ Yes

Have any applications for licensure been denied by any federal, state or local agency?
_____ No _____ Yes

Previous registration with the Board of Pharmacy? _____

Pharmacy Manager: _____ Phone: _____

(Must be a licensed pharmacist- Please print)

Signature of Pharmacy Manager: _____ Date: _____